



Patient Identification

## Influenza Immunization Consent for Public Health Nursing

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Gender:  Male  Female CNDH chart no.: \_\_\_\_\_ Employee ID no.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: (\_\_\_\_\_) \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Parent/legal guardian name (for children only): \_\_\_\_\_  
First Middle Last Suffix

Emergency contact: \_\_\_\_\_ Emergency contact phone no.: (\_\_\_\_\_) \_\_\_\_\_

**Please check one:**

Private insurance (policy/group no. including letter): \_\_\_\_\_  Medicaid (no.): \_\_\_\_\_  
 Medicare (no. including letter): \_\_\_\_\_  No insurance

Race: (check all that apply)  
 Black  
 Hispanic  
 Asian/Pacific Islander  
 American Indian/Alaskan Native  
 White

1. Is the person to vaccinated sick today?  Yes  No
2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine or eggs in the past?  Yes  No
3. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving the flu vaccine?  Yes  No
4. I understand if my child is not cooperative, the vaccine will not be administered?  Yes  No
5. My child may receive this vaccine without my presence?  Yes  No

I have read or had explained to me the information contained in the 2021-2022 Vaccine Information Sheet for the 2021 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS).

\_\_\_\_\_  
 Signature Date Time

\_\_\_\_\_  
 Parent/legal guardian signature (if child) Date Time

**OFFICE USE ONLY – DO NOT WRITE BELOW**

Vaccine: \_\_\_\_\_ Lot no.: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Site given:  RVL  LVL  RD  LD \_\_\_\_\_  
Nurse (print name) Nurse signature Date/time